

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

113
State File No. 113
Registered No. 227

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe, Higher (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. S. High Ward _____
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child

Cornett
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? Yes 6. Date of birth Dec 20 1931
Month Day Year

FATHER
Full name Joe Cornett
9. Residence (Usual place of abode) Globe
If non-resident, give place and state. _____
10. Color or race White
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Salomville
(State or country) Arizona
13. Occupation Laborer
Nature of industry _____

MOTHER
Full maiden name Elizabeth Hipp
15. Residence (Usual place of abode) Globe
If non-resident, give place and state. _____
16. Color or race White
17. Age at last birthday 32 (Years)
18. Birthplace (city or place) New York
(State or country) N. Y.
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 1
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:00 m. on the date above stated.
(Born alive or stillborn.)
Signature H. D. Kennedy
(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given name added from a supplemental report _____ Address _____
Month, day, year
033-1220-587 Filed 1/5, 1932 H. E. Lightman
Registrar Registrar